

*Virginia*  
**DOR**  
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION



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12. List the name of any individual who would be considered Responsible Management of your business. Responsible Management would be the owner of a sole proprietorship, partners of a partnership, managing partner or member of a limited liability company, officers/directors of an association or officers of a corporation.

Individual's Full Legal Name	Title	Address	Social Security No.

13. Does your business, or any of the individuals named on this application (not including the references listed in #10) hold a current (unexpired) or expired contractors license, certification or registration issued by another state or locality?

No ☐

Yes ☐ If yes, complete the following table.

Business Name AND Individual's Full Legal Name	State	License, Certification or Registration No.	Expiration Date

14. Do you and all members of your Responsible Management listed in #11 understand that all Class C Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?

Yes ☐

No ☐ **IF NO, THIS APPLICATION CANNOT BE PROCESSED.**

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that none of the individuals listed on this application have been convicted of any crime in any jurisdiction; been subject to any disciplinary action against any license from any jurisdiction; or have had any past due debts or judgments, outstanding tax obligations or defaults on any bonds. I further certify that I will notify the Department if the business, the qualified individual(s), or any member of responsible management are subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am a member of responsible management as defined in 18 VAC 50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Regulations*.

**Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

Name \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration, or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.